

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Yuma</u>	Bureau of Vital Statistics	132	State Index No. 505
District of <u>Geobu</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>229</u>
Town of _____			Local Registrar's No. _____
or _____			
City of <u>Geobu</u>			
(No. _____ St. _____ Ward _____)			
FULL NAME OF CHILD <u>Faust Raboglatti</u>			
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>M</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>2</u>
		Legitimate? <u>yes</u>	Date of Birth <u>Aug 24</u> 191 <u>6</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Alfred Raboglatti</u>		Full Maiden Name <u>Martha Sasana</u>	
Residence <u>N. Broad St.</u>		Residence <u>N. Broad St.</u>	
Color or Race <u>N</u>	Age at last Birthday <u>31</u> (Years)	Color or Race <u>N</u>	Age at last Birthday <u>22</u> (Years)
Birthplace <u>Italy</u>		Birthplace <u>Russia</u>	
Occupation <u>Merchant</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>1</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Aug 24</u> 191 <u>6</u> , at <u>6 A</u> M.			
*When there is no attending physician or midwife, then the householder should make this return.			
Given or christian name added from a supplemental report: _____ 191 <u>6</u>		(Signature) <u>P. D. Kennedy</u>	
		(Attending physician, midwife, householder,*)	
		Address _____	
699-824-421		B. G. Jot	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>Aug 26</u> 191 <u>6</u>		A True Copy	
		B. G. Jot	
		COUNTY REGISTRAR.	